

strument was soon filled with clot. A little blood was passed a few hours after, but from that date until the patient's death, six months later, there was no recurrence of the hæmaturia.

The ureter aspirator, mentioned above, is another contrivance of Mr. Fenwick's. It was designed for the direct catheterization of the ureter, for diagnostic purposes. The instrument is a catheter, to the handle of which an elastic ball is fitted after the extremity has been passed into the orifice of the ureter. The ball is applied in a flaccid state, pressed by the right hand; after it has been affixed to the catheter it is allowed to distend gradually. In this manner urine is sucked up into the catheter, and preserved for examination. The ureter aspirator is designed for male patients.

All the above proceedings are far too difficult and uncertain for general employment in private and hospital practice, and it is clear that the experts here mentioned differed greatly in their opinion as to the best means of diagnosing the extent of renal disease by surgical proceedings involving the ureters. There are many sources of fallacy. Growths in the region of the ureters greatly increase the difficulty of introducing an instrument, and the ureters may be displaced from their normal relations by disease. Mr. Fenwick has exhibited at the Pathological Society a specimen of atresia of the vesical orifice of the left ureter. Displacement or atresia would of course render incorrect any opinion derived from Tuchmann's or Müller's systems of temporary compression. Dr. Iversen's practice is heroic, and open to the objection (amongst others more obvious) that should both kidneys prove badly diseased, as in his case, the patient might speedily die after the exploratory suprapubic cystotomy. His objection to the cystoscope does not apply to every case where the ureteric orifices require inspection.—*Centralblatt f. Chirurgie*, No. 16, 1888; *Deutsche medicinische Wochenschrift*, 1887, No. 31; *Proceedings of the Medical Society of London*, vol. x., 1887, p. 276, and *Lancet*, vol. ii., 1886, p. 529; *Abstract from London Medical Recorder*.

ALBAN DORAN (London.)

IV. Extirpation of a Kidney for Phthisis Renalis. By DR. MATLAKOWSKI (Warsaw, Russia)—A peasant woman, æt. 26, was ad-

mitted to the city hospital Oct. 3, 1887; she was emaciated, could not walk, and was all the time feverish. The right leg was swollen and bent in the hip and knee joints; signs of phlebitis on the right thigh. On the right side of the abdomen there was felt a large round and smooth tumor, extending from the edges of ribs down to linea inter-spinalis, and forward, almost reaching linea alba. The tumor hardly could be moved, and was very little sensitive, and fluctuating. Urination was painless; the urine was transparent, containing no sugar or albumen. Microscope revealed a large quantity of red blood corpuscles. The patient was suffering from the chronic inflammation of lungs and profuse night perspiration. The illness began after a childbirth which took place 11 months previous to her entrance to the hospital. In her family there was no tuberculosis. The diagnosis was, tuberculosis of the right kidney, while the left one was healthy. Oct. 15, extirpation of the right kidney was performed. On having made an extraperitoneal incision in the lumbar region, the kidney was removed, though its capsule was preserved. The wound was dressed in the usual manner. The extirpated kidney, on being hardened in alcohol, was 19 cm. long, and 10.5 cm. wide. Its interior wall was caseous and degenerated, full of lymphatic cells, but no tuberculous bacilli could be found. The patient remained in hospital six weeks, and left almost cured. Her general health was greatly improved; she had no night perspiration and her temperature was normal. The wound, of the size of a palm, was well granulating. The quantity of urine was gradually increasing and reached the normal quantity. The lungs remained *in statu quo*. No stone in bladder was found.—*Gazeta Lekarska*, Nos. 1 and 2, 1888.

P. J. POPOFF (Brooklyn).

BONES, JOINTS, ORTHOPÆDIC.

I. Fracture of the Anterior Tuberosity of the Tibia.
By DR. EUGEN. MUELLER, (Tuebingen.) The author has found six such cases in medical literature, and offers two new cases, one his own and the other observed by Lauenstein. In all cases the fracture was the result of muscular action, in seven of them while jumping. In six